



**PATENT**  
Attorney Docket No. 220551

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Roberts et al.

Application No. 10/644,530

Filing Date: March 24, 2004

For: METHOD FOR INCREASING THE  
BIOAVAILABILITY OF  
GLYCOPYRROLATE

**SUBMISSION OF SUPPLEMENTAL  
APPLICATION DATA SHEET**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants submit herewith a supplemental Application Data Sheet, in which the address of the Assignee has been corrected, and respectfully request that the same be made of record in the above-identified patent application.

Respectfully submitted,

Steven H. Sklar, Registration No. 42,154  
**LEYDIG, VOIT & MAYER, LTD.**  
Two Prudential Plaza, Suite 4900  
180 North Stetson  
Chicago, Illinois 60601-6780  
(312) 616-5600 (telephone)  
(312) 616-5700 (facsimile)

Date: March 25, 2004



## Supplemental Application Data Sheet

### APPLICATION INFORMATION

Application Number::	10/644,530
Filing Date::	August 20, 2003
Application Type::	Regular
Subject Matter::	Utility
Title::	METHOD FOR INCREASING THE BIOAVAILABILITY OF GLYCOPYRROLATE
Attorney Docket Number::	220551
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Alan
Middle Name::	
Family Name::	Roberts
City of Residence::	Woodstock
State or Prov. of Residence::	GA
Country of Residence::	US
Street of mailing address::	2009 Westside Lane

City of mailing address:: Woodstock

State or Province of mailing address:: GA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 30189

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bala

Middle Name::

Family Name:: Venkataraman

City of Residence:: Alpharetta

State or Prov. of Residence:: GA

Country of Residence:: US

Street of mailing address:: 405 Gatehouse Court

City of mailing address:: Alpharetta

State or Province of mailing address:: GA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 30004

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460

Phone:: (312) 616-5600

Fax:: (312) 616-5700

E-mail Address:: mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

Representative Designation::

Registration Number::

Representative Name::

#### DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

#### FOREIGN APPLICATION INFORMATION

Country::

Application Number::

Filing Date::

Priority Claimed

#### ASSIGNEE INFORMATION

Assignee name:: First Horizon Pharmaceutical Corporation

Street of mailing address:: 6195 Shiloh Road

City of mailing address:: Alpharetta

State or Province of  
mailing address:: Georgia

Country of mailing  
address:: US

Postal or Zip Code of  
mailing address:: 30005